

Face presentation . . . . .	20
Convulsions . . . . .	12
Descent of parts with head . . . . .	8
Placenta prævia . . . . .	3
Faulty presentation of head . . . . .	7
Rigidity . . . . .	4
Tumefaction of pudenda . . . . .	4
Erysipelas pudendi . . . . .	7
Putrescence . . . . .	1

2. *Turning*.—There were 10 cases of cephalic version, and 2,473 of turning by the foot, or 1 in 123. The results were 176 deaths on the part of the mother, or 1 in 14; while 1,431 children were born dead, or died soon after—or nearly 1 in 2. The indication for turning is recorded in 530 cases, viz:—

Transverse presentation . . . . .	388
Placenta prævia . . . . .	82
Prolapse of funis . . . . .	28
Narrow pelvis . . . . .	18
Hemorrhage . . . . .	5
Other dangerous affections . . . . .	4
Face presentation . . . . .	2
Faulty presentation of head . . . . .	2
Convulsions . . . . .	1

3. *Perforation* was resorted to in 143 instances, or 1 in 2,126. There were recorded 88 recoveries and 35 deaths, while in 20 cases no results are given.

4. *Dismemberment* was effected in 22 cases, 16 mothers recovering, and 6 dying.

5. *Cæsarian Section*.—Between 1821 and 1843, with 311,409 births, this operation was performed 12 times, 2 mothers and 7 children being saved. This gives about one Cæsarian operation in 26,000 births. The operation was performed 33 times after the death of the mother, but none of the children were saved.

The author compares these results with the statistical accounts of the authors; but these being well known, we have not quoted them.—*Medical Times and Gazette*, Oct. 11, 1856, from *Monatsschrift für Geburtshkunde*, Band vi. pp. 81—101.

## MEDICAL JURISPRUDENCE AND TOXICOLOGY.

50. *Antimonial Poisoning*.—A long-continued and careful series of experiments have been made by Dr. B. W. RICHARDSON on this subject. The experiments have now extended over several months, and have formed the subject of two communications to the Medical Society of London. The following are the conclusions arrived at:—

1. That antimony, both as regards the symptoms it induces and the pathological results arising from its administration, excites effects in the dog identical with those which it excites in man; and that experiments on dogs thus afford a fair basis of comparative research.
2. That the skin, peritoneum, cellular tissue, lungs, all absorb antimony in its soluble form with as much certainty as the stomach; and that, whether introduced by any of these channels, or by direct transfusion into the blood through the veins, the diffusion of the poison is equally complete, and its effects specifically the same. (Absolute.)
3. That, after any such mode of introduction, antimony may be detected in the vomited and purged matters, in the stomach and in the contents of the stomach, in the intestines and their contents, and in the lungs, liver, kidneys, blood, urine, heart, and even in serum effused into cavities, if such be present. (Absolute.)
4. That, consequently, the detection of antimony in vomited or purged

matters, in the stomach or the contents of the stomach, or in the intestines or in their contents, can no longer be considered as any judicial scientific proof that the poison was introduced into the system by the alimentary canal at any part, as has been assumed. (Absolute.) 5. That antimony, being absorbed with great rapidity wherever introduced, the point of surface at which it is taken into the system may afford slighter indication of the presence of the poison than any other parts of the organism: *ergo*, that the point of introduction can never be proved by mere chemical analysis. (Absolute.) 6. That antimony applied locally, so as to admit of being rapidly absorbed, seems to excite but little amount of local injury, although it exerts marked local effects when brought by the blood to any surface for elimination: *ergo*, that the appearance of intense redness or inflammation in the stomach or other part of the alimentary canal, in supposed cases of death from antimony, is no scientific proof, nor yet indirect evidence, that the poison was received into the system by this canal. (Absolute.) 7. That the symptoms of poisoning by antimony by large doses are, as a general rule, those of vomiting, purging, and rapid collapse; and that the same symptoms, somewhat modified in their course, result from small doses repeated frequently during a prolonged period. 8. That to this rule exceptions occur: to wit, that antimony, when thrown into the system in a large dose, and in such a way as to prevent its digestion, as by direct injection into the veins, may destroy the muscular power so suddenly that the symptoms of vomiting and purging may not present themselves. And, again, that when introduced very slowly, as by application to a small wound, it may also destroy by producing simple exhaustion, without the specific symptoms of purgation or vomiting. 9. That, in all forms of antimonial poisoning, death occurs mainly from failure of the circulation; the respirations being continued after the cessation of the heart's beat. 10. That the pathological appearances incident to antimonial poisoning are—(a) general congestion; (b) marked fluidity of the blood; (c) intense vascularity of the stomach in the course of the greater curvature, and, in some cases, of the rectum and other parts of the canal, but without ulceration; (d) a peculiarly pale yellow or occasional dark glairy secretion on the alimentary surface. Lastly, contrary to the statements of Magendie, antimony seems to excite no other pulmonary lesion than simple congestion. 11. That the election of antimony by different parts of the body is as yet an open question; that the liver, however, would appear to be the structure in which it is most collected when the administration is slow and in small doses; and that the elimination of the poison is attempted by all the secreting surfaces. 12. That, in rapid poisoning, the fatal effect seems due to direct chemical changes in the blood, and to indirect effect therefrom on the heart; while, in slow poisoning, there is superadded an interference with the assimilative powers, the result of the lesions excited in the stomach and other parts of the alimentary canal.

We have further to remark that, in animals dosed for a few days with antimony, and then kept for periods of seven, fourteen, and twenty-one days, antimony was found in each case in abundant proportions in the liver, and in smaller proportions in the kidney and heart; and also in the contents of the stomach in cases where the animals were destroyed during digestion of food.

The "tolerance" of antimony seems to us to depend entirely on the free elimination of the poison by the kidney.—*B. and F. Med. Chirurg. Rev.*, Oct., 1856.

51. *On the Action of Urari and of Strychnia on the Animal Economy.* By Prof. ALBERT KÖLLIKER, of Würzburg. (Communicated to the Royal Society.) —The communication which I now offer to the Royal Society, contains a brief statement of the results of a series of experiments which I lately made on the action of the urari poison and of strychnia on the animal economy.

I. *Urari*.—The urari is the well-known poison from Guiana, also called Curare and Woorara. That which I employed in my experiments I owe to the liberality of my friend, Professor Christison, of Edinburgh. The following are the conclusions at which I arrived respecting its operation:—

1. The urari causes death very rapidly when injected into the blood or inserted into a wound; when introduced by way of the mucous membrane of the